

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000207131 3)))



H150002071313ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : FELDMAN & ASSOCIATES  
Account Number : I20130000018  
Phone : (786) 288-5699  
Fax Number : (866) 856-1462

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: LORENA@FELDMANCLOSINGS.COM

**FLORIDA LIMITED LIABILITY CO.**  
**Clermont Hillside Terrace Orlando LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

15 AUG 27 PM 1:59

FELDMAN &amp; ASSOCIATES

FILED  
15 AUG 27 AM 10:36  
STATE OF FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLERMONT HILLSIDE TERRACE ORLANDO LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORENA FELDMAN

Name of Person

FELDMAN & ASSOCIATES

Firm/Company

2750 NE 185 STREET SUITE 202

Address

AVENTURA FL 33180

City/State and Zip Code

LORENA@FELDMANCLOSINGS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENA FELDMAN

786

288-5699

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG 27 AM 10:36

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CLERMONT HILLSIDE TERRACE ORLANDO LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:18305 BISCAYNE BLVD SUITE 218  
AVENTURA FL 33160Mailing Address:18305 BISCAYNE BLVD SUITE 218  
AVENTURA FL 33160**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LORENA FELDMAN, ESQ.

Name

2750 NE 185 STREET SUITE 202Florida street address (P.O. Box NOT acceptable)AVENTURAFL33180

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

